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## APPLICANTS

Steven F. Bolling, Ann Arbor, MI;

Shawn O'Leary, Mission Viejo, CA;  
 Robert Pecor, Aliso Viejo, CA; Brad Sharp, Irvine, CA;  
 Anthony Viole, Foothill Ranch, CA;  
 Wolfgang Werner, Carlsbad, CA;  
 Branislav Radovancevic, Houston, TX;

\*\* CONTINUING DATA \*\*\*\*\* *csh* 4/13/01  
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\*\* FOREIGN APPLICATIONS \*\*\*\*\* *n/a* *csh* 4/13/01

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	9/17/06	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<i>9/17/06</i>	MI	23	85	8
Verified and Acknowledged	<i>C. D. K. M. C. S.</i> Examiner's Signature	<i>Initials</i>				

## ADDRESS

20995  
 KNOBBE MARTENS OLSON & BEAR LLP  
 2040 MAIN STREET  
 FOURTEENTH FLOOR  
 IRVINE , CA  
 92614

## TITLE

Cannulae having a redirecting tip

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FILING FEE  RECEIVED 1250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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